upon these catatonic movements which were of psychic origin. The second series of movements was related to his organic touch, but the third class did not seem to be capable of explanation, either by outsiders or the patient himself. It is the author's opinion that the spasmodic drawing of the muscles which caused the self-mutilations and twitchings was the effort of the nerves to get rid of the unbearable pressure on the brain which the patient described as a weight of 100 kilograms. The disassociation of the right arm, which always played the chief part in the mutilations, is also worthy of note in this connection. JELLIFFE.

TETANY AND MYOTONIA IN INFANCY. C. Hochsinger (Rev. Mens. des Maladies de l'Enfance, June, 1902).

The author holds that myotonia is a neurosis distinct from tetany, and the pseudo-tetanus of Escherich and belongs to the early period of infancy. Tetany in nursing children does not differ from the same manifestations in adults. Intermittent and tonic contractures, particularly in the muscles of feet and hands, with hyperexcitability of the motor nerves and the muscles are its main characteristics. The most important symptom of this hyperexcitability, which is the essential condition of tetany, is that of Chvostek, the sudden contraction obtained by striking branches of the facial nerve. In myotonia this reaction is not obtained. Trousseau's symptom is also present in tetany, consisting in the reproduction at will of the paroxysm, by pressing the affected part in the direction of its motor nerves or blood-vessels. Pressure on the nerves of the brachial plexus will in myotonia produce the contraction of the fingers, called the "phenomena of the fist," a sign seen only in infants six to eight weeks old. The fact that in early infancy the inhibitory centers presiding over the reflexes are not fully developed would account for this phenemenon without dependence on general hyperexcitability. True infantile tetany is developed solely on a rachitic foundation and is a neuro-muscular affection. As in rickets Kassowitz found that the largest number of cases developed in the early spring months, disappearing entirely at the end of summer. Myotonia, however, has no connection with rickets, developing in the course of gastro-intestinal intoxication it is not manifest at any particular season, except that the most serious intestinal disorders are likely to occur toward the end of summer. Myotonic contractions sometimes persist for weeks at a time, while those of tetany are paroxysmal and intermittent, in the former the attack comes on gradually, in the latter it is quite sudden. Myotonia exhibits no mechanical galvanic hyperexcitability of muscles or nerves and there is absence of facial symptom, neither is there evidence of the laryngo-spasms and the tonic and intermittent spasms of respiration usually occurring in tetany. Myotonia is manifest in the first weeks of infant life, while tetany usually appears at a later period. The contractions of tetanv have a tendency to recur, while in myotonia the attack always disappears with the cause. The spasms of myotonia are not affected by the phosphorus treatment which has shown good results in the neuro-muscular affections of infancy. JELLIFFE.

LATENT BRAIN ABSCESS BECOMING EVIDENT WITH SYMPTOMS OF ATROPINE POISONING. E. Aufrecht (Arch. f. klin. Med., Vol. 72, Nos. 5 and 6).

Being summoned to attend a case of supposed bronchial asthma in a laborer, the author administered atropine. This was followed by severe headache, twitchings, dilation of the pupils and marked confusion. These phenomena gave doubt as to the real diagnosis, especially as the prescription would appear to have been stronger than was intended. Five years previous the patient had received an injury to the head, and although he had then suffered from shock he had apparently made a complete recovery. The autopsy, however, revealed a large abscess in the left temporal region, which had never made its presence apparent during the five years since the injury had been received. JELLIFFE.

EPIDEMIC POLIOMYELITIS WITH REPORT OF TEN CASES. D. H. MacKenzie. Medical Record, October 4, 1902.

Thirty cases of poliomyelitis occurred near Poughkeepsie in 1899, in an epidemic resembling the extensive epidemics near Boston in 1894, and in Vermont during the same year. Of the ten cases reported by the author and seven others occurring in the same locality only two presented the classical symptoms of poliomyelitis. One case was undoubtedly cerebro-spinal meningitis, having the convulsions, coma and other symptoms. Three cases died, and in each the paralysis began in the lower extremitiesand extended upwards until the muscles of respiration became involved. Like the Vermont outbreak, while the clinical history of the majority of cases was typical of poliomyelitis, in some of them the features of peripheral neuritis were seen, while many of the fatal cases gave symptoms resembling cerebro-spinal meningitis. There is then presented the interesting fact that during the same epidemic and presumably from the same cause, there occurred cases of poliomyelitis, neuritis and cerebro-spinal meningitis. Certain mild cases of poliomyelitis in this epidemic terminated in complete recovery. Two fatal cases were diagnosed as Landry's paralysis, and reported in medical literature as such. From the fact that most of the cases were those of adults, from the pain, tenderness and paresthesia of the early symptoms, and from the fact that the paralysis extended from below upward, and also that all the cases which did not prove fatal in the acute stage except two fully recovered, we may conclude that a large percentage of these cases were really multiple neuritis. From the association in the same epidemic of cases of poliomyelitis, cerebro-spinal meningitis and multiple neuritis, the same microbic infection would seem to be present.

W. B. NOYES (New York).

HYSTERIA AFTER TRAUMATISM COMBINED WITH AN ORGANIC NERVOUS DISEASE. Meyer (Berliner klinische Wochenschrift, Aug. 4, 1902).

The author reports a case in which a man of forty-nine years, who has always been healthy, developed hysteria after an accident to his right elbow. He developed weakness of the extremities, paresthesia, shooting pains, tremor and a hesitation in speech. These symptoms varied in intensity, were irregular in nature and atypical in character. This fact with the general demeanor of the man led the author to suspect hysteria. The patient, however, also presented optic neuritis, Argyll-Robertson pupils and loss of knee-jerks. Meyer therefore concluded that the diagnosis consisted in an organic disease of the central nervous system combined with hysteria. He believed the organic condition to be locomotor ataxia or beginning progressive paralysis.

W. E. RATHE (Philadelphia).

ACROPARESTHESIA FOLLOWING TRAUMATISM. Sommer (Berliner klinische Wochenschrift, Oct. 6, 1902).

Sommer reviews the literature concerning acroparesthesia and reports two cases following injuries. Acroparesthesia depends upon an irritation of the vasomotor centers. The arteries become contracted and the nourishment of the nerve endings in the extremities is diminished. The main symptom is an unpleasant feeling in the hands, and more rarely in the feet. It is worse at night and morning. Occasionally these feelings change to acute pain. It is rarely limited to the peripheral distribution of any one nerve. The skin presents but slight or no disturbance in sensibility. There is no pain on pressure over the nerve,